PART B - FEE(S) TRANSMITTAL

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WOLF, BLOCK	P the	Certificate of Mailing or Transmission 1 hereby certify that this Fee(s) Transmittal is being denosited with the United					
1650 ARCH STR PHILADELPHIA	Sta add trai	Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571).273-2885, on the date indicated below.					
			(Depositor's name)				
			L				(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/059,682	2 01/29/2002		Mario E. Bran		VERTE.076A		5570
TITLE OF INVENTION: MEGASONIC PROBE ENERGY DIRECTOR							
APPUN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	e per 📗	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	20		\$1700	09/26/2007
EXAMIN	VER	ART UNIT	CLASS-SUBCLASS				
STINSON, FR	ANKIE L	1746	134-186000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				
L'Change of correspondence address (or Change of Correspondence or agents OR, alternatively,						Wolf R	lock, Schorr &
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Akrion Technologies, Inc. Wilmington, DE 19899							
Please check the appropriate assignee eategory or categories (will not be printed on the patent): 🔲 Individual 🗀 Corporation or other private group entity 🚨 Government							
da. The following feets) are	Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)						
Issue Fee Publication Fee (No	annult antitu diamount a	A check is enclosed.	A check is enclosed. Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # o	The Director is hereb	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2328 20 (enclose an extra copy of this form).					
			overpayment, to Dep	osit Account Number	F 2378	20 (enclose ar	extra copy of this form).
5. Change in Entity Statu a. Applicant claims:			☐ b. Applicant is no lor	ger claiming SMAl	LL ENTIT	Y status, See 37 CF	R 1.27(g)(2).
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Authorized Signature	Bru :	1. Bel		Date	1/24/	07	
Typed or printed name	Brian L.	Belles	programme a second contract of	Registration N	io.	51,322	
This collection of informal an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22312 Under the Paperwork Redu	dity is governed by 35 application form to the as for reducing this burginia 22313-1450. DC 3-1450.	U.S.C. 122 and 37 CFR USPTO, Time will vary den, should be sent to the NOT SEND FEES OR O	1.14. This collection is es depending upon the indi e Chief Information Offic COMPLETED FORMS T	timated to take 12 i vidual case. Any co er, U.S. Patent and O THIS ADDRESS	minutes to minents o Trademark S. SEND T	complete, including the amount of tink Office, U.S. Depa O: Commissioner f	g gathering, preparing, and the you require to complete timent of Commerce, P.O. for Patents, P.O. Box 1450,